

COMPLAINT FORM TO THE SERVICE PROVIDER

facsimile

Details of complainant

Name:	Surname:	
Name (if not a natural person):		
Address:		
Postcode:	City:	Country:
E-mail:		
Telephone (optional):		

Details of user (if other than the complainant) and any other passengers

Name:	Surname:	
Name:	Surname:	
Name:	Surname:	
Name:	Surname:	

Details of journey

Travel agent/tour operator/ticket vendor (if applicable):		
Reservation code/ticket number:		
Terminal/stop of departure:	Terminal/stop of arrival:	
Scheduled time of departure:	- hour:	date(dd/mm/yy):
Actual time of departure (where not coinciding with the scheduled time)	- hour:	date(dd/mm/yy):
Line (if applicable):		

Grounds of complaint for regular services where the scheduled distance is 250 km or more. Please tick as appropriate next to the relevant entries (*)

- Ticket issue/Discriminatory tariff or contract conditions
- Rights of disabled persons or persons with reduced mobility
- Information in case of cancellation or delay in departure
- Assistance at terminals in case of cancellation or delay in departure
- Re-routing or reimbursement in case of cancellation, delay in departure or overbooking
- Travel information
- Information on passengers' rights
- Difficulty in the submission of the complaint
- Other:

Choose how you wish to receive compensation/reimbursement, if due:

- Vouchers or other services
- (please specify the procedures laid down by the service provider for the payment in cash in accordance with applicable legislation)*

Grounds of complaint for regular services where the scheduled distance is less than 250 km. Please tick as appropriate next to the relevant entries (*)

- Discriminatory tariff or contract conditions
- Rights of disabled persons or persons with reduced mobility
- Travel information
- Information on passengers' rights
- Difficulty in the submission of the complaint
- Other:

Choose how you wish to receive compensation/reimbursement, if due:

- Vouchers or other services
- (please specify the procedures laid down by the service provider for the payment in cash in accordance with applicable legislation)*

The service provider may supplement the list with any additional business-relevant items.

(*) You can specify one or more reasons of complaint. For information on the rights of bus and coach passengers under Regulation (EU) No. 181/2011, please refer to the website of the Transport Regulation Authority at the following link:
<https://www.autorita-trasporti.it/passengers-rights-trasporto-con-autobus/?lang=en>

Description. Please describe the events with respect to all items with a tick mark

Annexes

SIGNATURE OF THE COMPLAINANT: _____

Place: _____

Date: _____

PRIVACY STATEMENT (to be filled in by the service provider)